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Application Number	10/748,451
Filing Date	12-30-2003
First Named Inventor	Bonnette, et al.
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	POSSIS

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Irving R. Colacci, Vice President, Possis Medical, Inc.		
Signature	<i>Irving R. Colacci</i>		
Date	1-30-04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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